

SELF INSURANCE ADMINISTRATOR EXAM REGISTRATION FORM



Registration forms must be received by the Final Filing Date (see test schedule). Please indicate which test location/area and test date you are registering for below. Be sure to complete all areas on this form.

Indicate Your Site Preference Los Angeles Area Riverside/San Bernardino Area Sacramento Area	Special Accommodations: Do you have special accommodation needs? YES NO You must include the required documentation if you have a disability/impairment that will require consideration for special accommodation testing arrangements (please see 'Accomodation' section of our website). CPS will contact you to verify/discuss any appropriate scheduling arrangements.
Test Date Requested: January 15, 2011	Mail registration form/fee to: CPS: Licensing/Certification- SIA
Final Filing Date: December 17, 2010 Cancellation Deadline: December 15, 2010	Registration Fee:\$150.00 241 Lathrop Way Sacramento, CA 95815
Title (Mr/Ms)	First Name
MI	Last Name
	Home Address
City	State Zip Code
Daytime Phone Number Email Address	
0.0.1.1.	
If you have another form of identification other than a CA driver's license, please print here:	Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.
If you have another form of identification other than a CA driver's license, please print here: I hereby certify that all statements made in this	Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.
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If you have another form of identification other than a CA driver's license, please print here: I hereby certify that all statements made in this results will only be mailed to the address abov SIGN HERE Fees Included (made payable to C Card Type Visa Mastercard	Pursuant to the Federal Privacy Act of 1974 you are hereby notified that it is a mandatory requirement to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes. I understand that my test e. DATE CPS) Cashier's Check/Money Order Credit Card